

Meeting Subject:

Interagency Committee on Substance Abuse Prevention and Treatment

Meeting Organizer:

Office of Drug Policy

Location:

Borah Building, 2nd Floor Conference Room

Start Date:

6/18/2008

Start Time:

10:00 AM

End Date:

6/18/2008

End Time:

4:00 PM

Objective

Continued discussion on

1. Best Practice Protocols
2. Definitions
3. Strategic Budget
4. Presentation on the functionality of WITS

Meeting Notes

Agenda Items

1 Introductions/Approval of Minutes

Owner:

Debbie

Field

Progress:

Completed

Notes

1. Approval of Minutes for May 21, 2008, minutes attached
2. Minutes for March and April 2008 were approved by a quorum via mail return.

2 Best Practice Sub Committee Strategy

Owner:

Dr. Bill

Hazle

Progress:

Completed

Recommended Agreement on definitions:

- a. Agreement on Idaho's definition of Best-Practice: **“Behavioral healthcare standards that are based on accepted evidenced-based research and professional experience, to include, techniques and modalities that have consistently proven to be safe, reliable and effective.**
- b. Acceptance of the Institute of Medicine best practices are aligned with US healthcare of the 21st century: **Our aim is for treatments that are safe, timely, effective, efficient, equitable, and patient orientated.**
- c. Agreement on definition of Substance Use Disorders: **Chronic**

progressive medical condition with patterns of remission and exacerbation that has shown to be responsive to social, psychological, pharmacologic interventions.

- d. Agreement on definition of “Evidence Based”: **Approaches to prevention or treatment that are based in theory and have undergone scientific evaluation. "Evidence-based" stands in contrast to approaches that are based on tradition, convention, belief, or anecdotal evidence.**

Notes

- Shane Evans made a suggestion that all of the definitions be integrated into all agencies. The definitions have been emailed to all of the ICSA members and Madam chair would like all of the agency heads to look to their agencies and see if these are being implemented.
- Patty Tobias makes a motion to adopt these recommended definitions and that we ask the Best Practices Sub committee to keep presenting new terms as they surface. Valerie Hoyjberg seconded the motion to accept the definitions and the expand on them as the subcommittee expands on them. The motion carried.
- Dr. Larry Stoune presented the pharmacological treatment for addiction.
- A hand out was made available to the committee regarding different medications.
- In contacting these various drug companies that make these drugs, the company that makes Vivitrol is extremely cooperative in partnering with us and giving us about a 50 % discount on the product.
- Methadone is the most well known medication in the world. It treats cravings and withdrawals.
- Suboxone and Methadone: Is there a certain type of treatment that

might be better than the other for addiction? Is cognitive behavior treatment or evidence based treatment the best?

- Chris White suggested to Col. Russell that he contact San Deigo County Ca. as a model for funding for children of offenders of Drug Court.
- Patty Tobias asked Madam chair if it wouldn't be a good idea to ask our Best Practices sub committee as to what would be a good evidence based practice to extend pharmacology to our treatment delivery system. Currently in Idaho, Medicaid does not pay for Methadone treatment. Motion was made by Patty Tobias with something written (a white paper) to present to ICSA at the next meeting for a roll out and timeline. Motion was seconded and it was carried.

3 "Recidivism", defining the terms for Idaho

Owner:

Dr. Michael Blankenship

Progress:

Completed

Dr. Blankenship is currently a professor of criminal justice at Boise State University and will facilitate the discussion.

Notes

- The United States incarcerates more people per capita or as a raw number than any other place on the planet.
- Related his presentation to the hand out given.
- His goal was to propose two things. Number one was to provide the frame work to ask the questions, and two is to provide some frame work to try to create something as a group.
- Idaho ranks second in the country per capita with the number of people on probation. Adult probation.

- Recidivism is not a moment in time. It is an event over a period of time.
- Timelines are a critical measure of recidivism.
- Lapse and relapse are terms that also need to be defined.
- "A conviction for a new crime or crimes for which the defendant can be incarcerated after first being convicted of a criminal offense and having been placed on probation or having been released on parole. A conviction of a new crime within three (3) years of the being placed on probation or parole. " -The definition of recidivism as presented by Dr. Blankenship.
- This needs to be focused on community based treatment.
- The work that needs to be done is with the seriousness of the crime.

4

BREAK/Working Lunch

Owner:

Progress:

Completed



[Type a description or details for this agenda item.]

Notes

[Type notes about this item.]

5 Budget Snapshot

Owner:

Laurie Hancock

Progress:

Completed



Review of the April 2008 Budget snapshot.

Notes


- The Budget Sub Committee has agreed to come to you to tell you what the new snapshot will be like. We will start using the new snapshot July 1, 2008 but the first time you will see it is in August 1,

2008.

- One of the things that helped the budget committee was the fact that we passed off how we deal with outcomes using the outcomes committee to determine what these will be. At each ICSA meeting you will receive two (2) reports: 1) the budget report and 2) the outcomes report. We will report where we are at in meeting the funding issues in our appropriation and where we are hitting those target numbers in the appropriations bill.
- A cover sheet will be provided according to that appropriation bill where we are in our goals as to hitting our objective in the appropriation.
- Available electronically will be the background information so you will know what departments produced which information.
- How we are going to report clients is if they touch the system and how BPA bills them. This should help with not duplicating numbers.
- As of May 31 we still have money left over so at the end of the year we will probably have a \$1.1 million carryover.
- The carry forward money will be computed after the fiscal year is completed.

6 2009 Budget Review and Discussion

Owner:
Kathy Skippen

Progress:
Completed 

Notes

- Patty Tobias has questions about how we roll out post follow up discharge assessments.

- DUI evaluation system in Idaho 2008 was presented on a handout. The GAIN is not one of the approved assessments that is done by DUI evaluators. Preliminary research has been done by Pharis Stanger and the goal is to come to the next ICSA meeting with a plan as to how to proceed as far as making GAIN the instrument of assessment for the DUI evaluators.
- Budget committee recommends that a comprehensive plan come into place for the Youth Media Campaign for prevention. This is a \$100,000 plan that will be paid for from DHW. Ken Robison has been the champion on working with this issue and the recommendation from the budget committee is to have him work with EUDL this project. There needs to be a review on Statute and Rule on the \$100,000 who has authority over this particular amount whether it be ICSA or DHW.

7 RAC Report Owner: Bev Ashton Progress: Completed

Click here to insert the Agenda Item Notes section

8 BREAK Owner: Progress: Completed

Notes

10 minutes

9 Update on GAIN and WITS Owner: Chris White, FEI Progress: Completed

Notes

- **Behavioral Health IT Services**
FEI initially provided the programming and technology expertise behind the [WITS](#) system. Subsequently, over the last 3 years they've progressively strengthened their expertise in Substance Abuse, Behavioral Health, and Mental Health from a business perspective. We strongly believe that the success and rapid growth of WITS is largely attributable to our Subject Matter Experts' involvement in all

phases of development and deployment. They have on-staff Substance Abuse and Mental Health Counselors, an onsite HIPAA expert, direct access to our Partners' considerable clinical and research experience, several partnerships with State and County Medicaid gurus, medical billing consultants, former State Directors of Substance Abuse, and alliances with local consultants capable of onsite training and support within the various WITS implementations

- Chris White from FEI, Inc.-- implementation: explanation of company and how we fit into their model of business.

[Click here to insert the Decisions section](#)

[Click here to insert the Actions section](#)

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